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TRANSMITTAL LETTER
(General - Patent Pending)

Docket No.
Army156A

In Re Application Of: **ECKELS, ET AL.**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/626,315	July 24, 2003	J. Parkins		1653	1691

Title: **MULTIVALENT DENGUE VIRUS VACCINE**

COMMISSIONER FOR PATENTS:

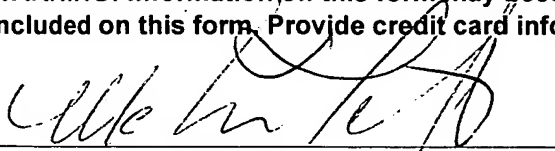
Transmitted herewith is:

- (1) Letter Requesting Correction of Inventor's Name as per Accompanying Application Data Sheet (2 pages)
- (2) Application Data Sheet (5 pages)
- (3) Postcard receipt listing all enclosed data

in the above identified application.

- ☒ No additional fee is required.
- ☐ A check in the amount of _____ is attached.
- ☐ The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.
- ☐ Charge the amount of _____
- ☐ Credit any overpayment.
- ☐ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

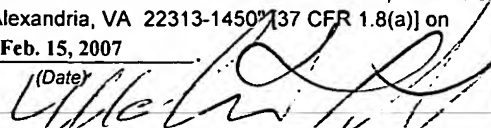
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



Signature

Dated: February 15, 2007

Marlana Titus, Reg. No. 35,843
for Elizabeth Arwine, Reg. No. 45,867
attorney for applicant
U.S. Medical Research and Materiel Command
504 Scott Street
Fort Detrick, MD 21702-5012
(301) 977-7227

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on Feb. 15, 2007 (Date)  Signature of Person Mailing Correspondence Marlana Titus Typed or Printed Name of Person Mailing Correspondence	
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CC:



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of ECKELS et al.

Appln. No: 10/626,315

Cont. appln. of appln. no.: 09/535,117

Group Art Unit: 1653

Filed: July 24, 2003

Examiner: J. Parkins

Title: Multivalent Dengue Virus Vaccine

* * * * *

February 15, 2007

LETTER REQUESTING CORRECTION OF INVENTOR'S NAME AS PER
ACCOMPANYING APPLICATION DATA SHEET

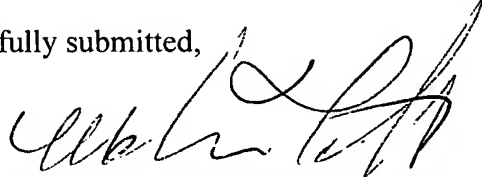
Hon. Commissioner of Patents
and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

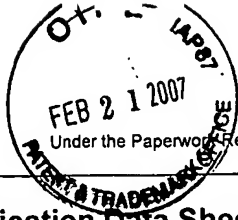
On the Notice of Allowance and Fees Due, mailed January 10, 2007, we noticed that the first named inventor's name is misspelled. The name is listed as "Kenneth Il Eckels", although the correct middle initial is actually "H". The Declaration signed by the inventors as originally filed reflects the correct middle initial of inventor Eckels' name. We telephoned the Examiner who suggested that we submit an Application Data Sheet listing the correct spelling of inventor Eckels' name. To that end, we submit here an Application Data Sheet that lists the name as "Kenneth H. Eckels." We request that the issuing patent reflect this correct spelling of his name.

If there are any questions regarding this submission, please contact Marlana K. Titus at (301) 977-7227.

Respectfully submitted,
By

A handwritten signature in black ink, appearing to read 'Elizabeth Arwine', written over a horizontal line.

Marlana K. Titus, Reg. No. 35,843
for: Elizabeth Arwine, Reg. No. 45,867
Attorney for Applicants
U.S. Army Medical Research
and Materiel Command
504 Scott St., ATTN: MCMR-JA
Fort Detrick, MD 21702-5012



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

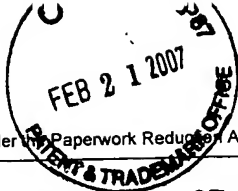
Application Data Sheet 37 CFR 1.76		Attorney Docket Number	ARMY156A
		Application Number	
Title of Invention	MULTIVALENT DENGUE VIRUS VACCINE		
<small>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</small>			

Secrecy Order 37 CFR 5.2

<input type="checkbox"/> Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)
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Applicant Information:

Applicant 1					
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	KENNETH	H.	ECKELS		
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	ROCKVILLE	State/Province	MD	Country of Residence i	US
Citizenship under 37 CFR 1.41(b) i		US			
Mailing Address of Applicant:					
Address 1		15317 EMORY LANE			
Address 2					
City	ROCKVILLE	State/Province	MD		
Postal Code	20853	Country i	US		
Applicant 2					
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	JOSEPH	B.	PUTNAK		
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	SILVER SPRING	State/Province	MD	Country of Residence i	US
Citizenship under 37 CFR 1.41(b) i		US			
Mailing Address of Applicant:					
Address 1		10309 DUVAWN PLACE			
Address 2					
City	SILVER SPRING	State/Province	MD		
Postal Code	20902	Country i	US		
Applicant 3					
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	DORIA	R.	DUBOIS		
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	WHEATON	State/Province	MD	Country of Residence i	US



Application Data Sheet 37 CFR 1.76	Attorney Docket Number	ARMY156A
	Application Number	
Title of Invention		
MULTIVALENT DENGUE VIRUS VACCINE		

Citizenship under 37 CFR 1.41(b) i		US	
Mailing Address of Applicant:			
Address 1		11908 JUDSON ROAD	
Address 2			
City	WHEATON	State/Province	MD
Postal Code	20902	Country i	US

Applicant 4			
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	
		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name
	BRUCE	L.	INNIS
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service			
City	HAVERFORD	State/Province	PA
Country of Residence i		US	
Citizenship under 37 CFR 1.41(b) i		US	

Mailing Address of Applicant:			
Address 1		516 GULPH ROAD	
Address 2			
City	HAVERFORD	State/Province	PA
Postal Code	19041	Country i	US

Applicant 5			
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	
		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name
	CHARLES	H.	HOKE
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service			
City	COLUMBIA	State/Province	MD
Country of Residence i		US	
Citizenship under 37 CFR 1.41(b) i		US	

Mailing Address of Applicant:			
Address 1		6409 CARDINAL LANE	
Address 2			
City	COLUMBIA	State/Province	MD
Postal Code	21044	Country i	US

Applicant 6			
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	
		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name
	WELLINGTON		SUN
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service			
City	ROCKVILLE	State/Province	MD
Country of Residence i		US	
Citizenship under 37 CFR 1.41(b) i		US	

Application Data 37 CFR 1.76	Attorney Docket Number	ARMY156A
	Application Number	
Title of Invention	MULTIVALENT DENGUE VIRUS VACCINE	

Mailing Address of Applicant:					
Address 1	10105 DAPHNEY HOUSE WAY				
Address 2					
City	ROCKVILLE	State/Province	MD		
Postal Code	20950	Countryⁱ	US		
Applicant 7					
Applicant Authority	<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix	
	NIRANJAN		KANESA-THASAN		
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	ROCKVILLE	State/Province	MS	Country of Residenceⁱ	US
Citizenship under 37 CFR 1.41(b)ⁱ		US			
Mailing Address of Applicant:					
Address 1	13027 CLEVELAND DRIVE				
Address 2					
City	ROCKVILLE	State/Province	MD		
Postal Code	20850	Countryⁱ	US		
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.					<input type="button" value="Add"/>

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).			
<input checked="" type="checkbox"/> An Address is being provided for the correspondence information of this application.			
Name 1	ELIZABETH ARWINE	Name 2	
Address 1	U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND		
Address 2	504 SCOTT STREET		
City	FORT DETRICK	State/Province	MD
Countryⁱ	US	Postal Code	21702-5012
Phone Number	301-619-7808	Fax Number	
Email Address			<input type="button" value="Add Email"/> <input type="button" value="Remove Email"/>

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	ARMY156A
	Application Number	
Title of Invention	MULTIVALENT DENGUE VIRUS VACCINE	

Application Information:

Title of the Invention	MULTIVALENT DENGUE VIRUS VACCINE		
Attorney Docket Number	ARMY156A	Small Entity Status Claimed	<input type="checkbox"/>
Application Type	Nonprovisional		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	
Publication Information:			
<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)			
<input type="checkbox"/> Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.			

Representative Information:

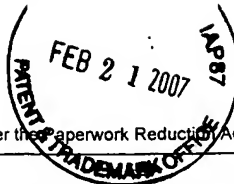
Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

Please Select One:	<input type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input checked="" type="radio"/> US Representative (37 CFR 11.9)		
Prefix	Given Name	Middle Name	Family Name	Suffix	Remove
	ELIZABETH		ARWINE		
Registration Number	45867				
Additional Representative Information blocks may be generated within this form by selecting the Add button.					

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

Prior Application Status	Patented		Remove		
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)	Patent Number	Issue Date (YYYY-MM-DD)
10626315	Continuation of	09535117	2000-03-24	6638514	2003-10-28
Additional Domestic Priority Data may be generated within this form by selecting the Add button.					



Application Data Sheet 37 CFR 1.76		Attorney Docket Number	ARMY156A
		Application Number	
Title of Invention	MULTIVALENT DENGUE VIRUS VACCINE		

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Remove			
Application Number	Country i	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input checked="" type="radio"/> Yes <input type="radio"/> No

Additional Foreign Priority Data may be generated within this form by selecting the **Add** button.

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

If the Assignee is an Organization check here. ☐

Prefix	Given Name	Middle Name	Family Name	Suffix

Mailing Address Information:

Address 1			
Address 2			
City		State/Province	
Country i		Postal Code	
Phone Number		Fax Number	
Email Address			

Additional Assignee Data may be generated within this form by selecting the **Add** button.

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature			Date (YYYY-MM-DD)	2007-02-15
First Name	MARLANA	Last Name	TITUS	Registration Number
			35843	